UBJECT: (Optional) SECOM: No	mination t	to Repl	lace	
ROM:			ENTENCIONI	NO.
				DATE 15 April 1985
TO: (Officer designation, room number, and building)	DATE		OFFICER'S	COMMENTS (Number each comment to show from whom
	RECEIVED FO	ORWARDED	INITIALS	to whom. Draw a line across column after each comment.)
C/Policy Br.				Attached is SECOM tasking for D/S:
2. C/PPG				SECOM members are requested to consider the impact on community security of the loss of staff capability resulting from Mr. retirement. Members
3. DD/P&M				
DD/S				are again requested to forward a nomination to SECOM.
5. D/S				D/S Comments:
6.				DOINT did not forward to DIS.
7.				
8.				•
9.				
10.				
11.				
12.				
13.				
14.				

FORM 610 USE PREVIOUS

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GPO : 1983 O - 411-632

